

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 17 1960

=60-023072

STATE FILE NUMBER

Registration District No. 147

Primary Registration District No. 1002

Registrar's No:

2979

INDEXED

|   |   |   |   |  |   |  |  |
|---|---|---|---|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u> |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Kansas City</u>   |   | Length of stay in 1b<br><u>4 hrs</u>  |   | c. CITY OR TOWN<br><u>Fairway</u>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><u>St. Mary's Hosp.</u>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | d. STREET ADDRESS (If outside, give location)<br><u>3617 W. 47 St</u>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>Infant Boy Buckner</u>   |   |   |   | 4. DATE OF DEATH<br>Month Day Year<br><u>May 30 1960</u>   |   |  |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>May 30 1960</u>                      | 9. AGE (last birthday)<br>IF UNDER 1 YEAR<br>Months Days Hours Min.<br><u>4</u>  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Infant</u> |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Infant</u>  |   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Kansas City Mo.</u> |  | 11. BIRTHPLACE (City and state or country)<br><u>U.S.A.</u>   |  |  |
| 13a. FATHER'S NAME<br><u>Gordon Buckner</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Rachelle DeVault</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Gordon Buckner</u>   |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |   | 16. SOCIAL SECURITY NO.<br><u>none</u>  |   | 17. INFORMANT<br><u>Gordon Buckner</u> Address <u>Fairway, Kansas</u>  |   |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Prematurity - Previsible - Less than 1000 gms - Premature labor.</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Marginal insertion of Placenta</u><br>DUE TO (c) <u></u> |   |   |   |  |   | INTERVAL BETWEEN ONSET AND DEATH   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   |   |   |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |  |   |  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   |   |   |   |  |   |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 20f. CITY, TOWN, OR LOCATION  |   | COUNTY   |   | STATE  |  |
| 21. I attended the deceased from <u>30 May 60</u> to <u>30 May 60</u> and last saw him alive on <u>30 May 60</u><br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |   |  |   |  |  |
| 22a. SIGNATURE<br><u>R.A. Slickman, MD</u> (Degree or title)  |   |   |   | 22b. ADDRESS<br><u>2500 Johnson Drive</u>  |   | 22c. DATE SIGNED<br><u>6/1/60</u>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   |   | 23b. DATE   |   | 23c. NAME OF CEMETERY OR CREMATORY   |   | 23d. LOCATION (City, town, or county) (State)  |  |
| <u>Cremation June 3, 1960</u>   |   | <u>June 3, 1960</u>   |   | <u>Dwneweome's sons</u>  |   | <u>Kansas City Mo.</u>   |  |
| 24. FUNERAL DIRECTOR<br><u>Dwneweome's sons, Mo.</u>  |   | ADDRESS<br><u>N.C.</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>6-3-60</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>Neva Marshall</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Slickman

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address Waco, Tex.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.